First Steps
Provider Advisory Group
10-30-06 Minutes

Location: DOH Kent office
Time: 10:30am to 2:30pm

Attendees: Nancy Anderson, Annette Barfield, Ann Best, Frank Busichio, Karla Cain, Lisa Campbell-John, Kathy Chapman, Cynthia Huskey, Karen Jacobsen, Susan Laab, Maureen Lally, Lenore Lawrence Kathi Lloyd, Nita Lynn , Sandy Owen, Becky Peters, Beth Siemon

Introductions: Beth Siemon had everyone introduce themselves and went over basic housekeeping, travel instructions, lunch, emergency exits and brief overview of agenda.

Clarification of PAG's role: This is a group of state and local FS representatives coming together to exchange thoughts and information that may impact the program statewide. This is a new group and as we continue to meet we will learn how to best work together. Members are free to talk with other local agencies about PAG meeting discussions and bring their opinions/issues to the PAG table, but PAG members are not required to take on that responsibility.

Future Strategies for Reimbursement: This group has requested we continue conversations on how to provide FS services to meet programs goals with staying financially viable within the program budget so we are not facing future reimbursement cuts as we did last year.

Data: The state shared some data to keep in mind when thinking about high risk clients and the program goals. For this discussion will look at First Steps Database 1989-2004, Maternal Characteristics and Birth Outcomes by Plan for Washington Births 2004 and Non SSI Infants: Average First Year Costs by Plan at Delivery and Birth Weight.

- First Steps Database: Risk factors contributing to LBW and grouped into low, medium and high risk groups. Little difference in MSS services

- Maternal Characteristics and Birth Outcomes by Plan for Washington 2004: Fee for Service Citizen women have the poorest outcomes and the most complex risks.

- Non SSI Infants: Compares infant costs in different groups.

Look at data, given the knowledge that the highest risk women are the hardest to reach and engage. Look at ways to differentiate by types of service, rates, and so on that may contain costs and get the more intense services to those most in need.

Identifying client Risk: Lisa Campbell-John mentioned that YVFWC does some risking at intake, uses CHW's more for low and moderate risk women. This is the only way they can handle their caseload. Challenge is to interpret "gut feelings" into measurable items for reimbursement model.

Helps to have electronic medical record, and ability to have a contact person who can help client maneuver through the system. Having central outreach/intake worker is helpful. Avoidance is the biggest sign of high risk women. Another way to locate high risk women is with partnerships with other agencies or programs like WIC.

Diane Bailey was wondering how many agencies address the risk factors identified in Laurie Cawthon's data because the social issues overshadow the medical risk factors. Some provider comments were that we have been shifting more to a psych/soc model and away from a medical model. Providers mentioned that high risk moms in some areas get moved to other more intensive programs and not real active in First Steps and this may skew the data.

We need to look at how we define highest risk, how you screen for the highest risk (team effort) and realizing that it is a mix of social and medical to reach the program goals and client needs.

Groups: Providers agreed that everyone should at least have screening. Maybe groups in association with WIC or other programs. Though some providers noted it was very difficult for agencies not associated with a clinic or WIC to have that availability. Many barriers to groups including scheduling, transportation, lack of client motivation etc. Groups take a lot of time and energy and can be more expensive than 1:1 visits if not done well. Would need to have flexibility in defining groups for example maybe seeing relatives or friends together. Also the type of community can impact the success of a group. For example, seeing women in an apartment complex or neighborhood.

Capitated Rates: Has advantages in that makes budgeting easier but also has disadvantages if clients are all very high risk and time intensive. Need to make sure the capitation is sufficient to do the work. Another suggestion was to think about a way to cover the phone calls, etc. especially in ICM which doesn't really cover the costs at present. It may also be helpful to see how other states have worked with capitation and look at WA state's Mental Health system around capitation. Providers were also concerned about how new financial models may impact competition between agencies.

We will need to consider how to address growing costs and limited funds. Challenge with a capitated program is underestimating cost of serving the client and that assessment is critical in making ends meet.

Program collaboration: Changes in Workfirst is impacting access to clients and agency staff schedules. May be helpful if Workfirst and First Steps could work better together in ICM period. Increased collaboration between FS and WIC would also be very helpful. Cynthia and Lenore both mentioned collaboration among programs is occurring and hopefully that work will be seen in the near future.

Monitoring:

The state goal is to monitor all agencies, in some capacity, within the next 3 years. Current draft monitoring tools were shared with providers for initial feedback and these tools will be piloted during agency monitoring for a year starting in 2007.

Q: What does working within scope of practice mean?

A: Many people work in their scope but there are the few cases when someone may not for example a CHW providing typical PHN services.
Q: Will we be dinged for issues already noted in chart by supervisor needing action?
A: You will not be dinged but it will be noted that you identified an issue and are working on addressing the issue. It really all depend on the issue.
Q: Is depression screening going to be a requirement and will there be a required tool?
A: We are piloting depression training and reviewing what will need to happen within the program. No new depression screening requirements have been made at this time. The client screening questions already cover depression to some level.
Q: Question to group from Karla Cain, from Answers, "how to provide feedback to staff".
A: A suggestion is to do separate memo to staff and keep in personnel file until next evaluation period.

State Question : "What would be helpful for providers in preparing for a monitoring?

- Be clear of time period we will be looking at, it may require agency to access records out of storage.
- Are we looking mostly at closed charts? Otherwise the outcomes will not be available.
- Suggest look at charts since documentation requirements implemented.
- Would be helpful to allow agencies use tool for themselves for awhile before monitoring. This will help agencies focus. Prefer one page.
- Ideal time for notification of what financial records needed, and PIC numbers.
- Would like a method to recognize agencies, individuals, etc.

Please note that the monitoring tools will probably be modified as piloted, but it will be the format of the forms and not the topics that will be changed much.

State Updates:
Newsletter – Maureen Lally passed out the current First Steps newsletter and asked people to review the newsletter and provide feedback on the evaluation form provided.

Website – Website was updated to new DSHS requirements. The website is up and running again and you will notice is separated into client information, administration and clarification corner. State staff asked for feedback on the website and the following was notes:

- Clarification Corner - Change the name to something that has the word provider in the name.
- First Steps Manual - Place the state contact information in the front of the manual. Some agencies had problems printing the manual out.

Assurances- The assurances will go under a regular review and update and it is time for that review. The state hopes to have a draft prepared for PAG review in January 07.

Other:

- ABC's Training- Kathi Lloyd will be sending out information to pilot sites
- The 2007 Tobacco Champion Project Retreat will be held in December 06.

- Depression training- This will be piloted by agencies who are not currently screening for depression. The piloting starts 10/31/06
- MSS Coordinator position closes 10/31/06
- FS Team has started developing a logic model.

Agenda open to Local Questions:

Q: Are there any connections being made between early learning projects and First Steps?
A: First Steps is foundation in this state for home visiting (Per PHND). Early Learning will not really impact First Steps as it is developing currently and the DEL is struggling with the nuts and bolts of becoming an agency and solidify their base.

Q: The program has not talked about breastfeeding as an important outcome in a while and providers want to make sure we don't lose that as a positive outcome for family health, etc.
A: This has not changed as a priority of the state. It has most recently been highlighted in our FS logic model. The state does need to look at highlighting it better in the discharge /outcome form and we have recognized that already.

Q: Is HTN that high in WA?
A: When reviewing the data on hypertension you need to keep in mind that this does not reflect frequency of hypertension, but that if you have HTN you are 3 x more likely to have a LBW infant.

Next Meeting: January 9th via telephone/computer system. January's agenda will include the First Steps assurances. Just a reminder that Cynthia Huskey is collecting the local PAG member agenda ideas, so please let her know if you have any other topics to add that will impact the program state wide.

Meeting adjourned at 2pm